

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

Ellis D. Harris and Scott M. Stratford

Attorneys Docket No. *EDH/03001*

Filed

For:

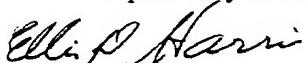
LENTICULAR LENS FOR DISPLAY

Sir:

Submitted herewith is a copy of the birth certificate of inventor Ellis D. Harris signifying his birth on 20 December 1927 and that he is over the age of 65. Accordingly he is petitioning that the above application be designated as SPECIAL in view of inventor age.

As shown in the text of the submitted application, a prior art survey of at least 12 prior patents have been evaluated prior to submission of said application.

Respectfully submitted:



Ellis D. Harris
1646 Lynoak Dr.
Claremont, CA 91711

STATE OF UTAH—DEPARTMENT OF HEALTH

THIS CERTIFICATE MUST BE FORWARDED BY THE LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROPERLY REGISTERED.

STATE BOARD OF HEALTH FILE NO. 264670

PLACE OF BIRTH
County of ... Duchesne
Precinct of ... Monarch
Town or Village of
City of Street and No.

CERTIFICATE OF BIRTH,
STATE OF UTAH.

FULL NAME OF CHILD Elin Donald Harris { If child is not yet named, make supplemental report as directed

Sex of Child <u>male</u>	Twin, triplet, or other? <input checked="" type="checkbox"/> ✓ Number in order of birth (To be answered only in event of plural births)	Legit- imate? <u>yes</u>	Date of Birth <u>Dec. 20</u> (Month) <u>19</u> (Day) <u>27</u> (Year)
FULL NAME <u>Lester Harris</u>	FATHER	FULL MAIDEN NAME <u>Sodonna Clark</u>	MOTHER
RESIDENCE <u>Monarch, Utah</u>		RESIDENCE <u>Sodonna</u> <u>Monarch, Utah</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>94</u> [Years]	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> [Years]
BIRTHPLACE <u>Ranah, N. Da</u>		BIRTHPLACE <u>Spring Lake</u> <u>Monarch, Utah</u>	
OCCUPATION <u>Hunting</u>		OCCUPATION <u>Housewife</u>	
Number of children born to this mother, including present birth..... <u>2</u>		Number of children of this mother now living..... <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on Dec. 20 1927 at 2:02 a.m.

Premature? no or Stillbirth? no (Yes or No)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signature) D. R. Whitmore, M.D.

Date Dec. 27, 1927 [Physician or Midwife]

Given Name added from supplemental report

19

REGISTRAR

Address of Physician or Midwife Rosemary, Utah

Filed Jan. 12 1928 Alma E. Lowe REGISTRAR

Registered No. 1

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued:

MAR 12 1993

John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS

SL 650621 (1/93)



SL 650621